

<b>REPORT OF INSPECTION FOR FEDERAL RECOGNITION</b> <b>(ARMY NATIONAL GUARD UNITS) (REF: NGR (AR) 10-1)</b> <b>(Proponent Agency is NGB-ARF)</b>				<b>DATE OF INSPECTION</b>  <b>DATE OF ORGN</b>	
UNIT DESIGNATION		UIC	STATION ADDRESS		
			MAILING ADDRESS		
<b>I. ORGANIZATION</b>					
1. IS THIS UNIT ORGANIZED AS PRESCRIBED BY APPROPRIATE MTOE OR TDA? <input type="checkbox"/> YES <input type="checkbox"/> NO			2. IS ATTITUDE OF COMMUNITY FAVORABLE TOWARDS THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO OBSERVATION BASED ON		
<b>II. PERSONNEL</b>					
1. INDIVIDUAL PERSONNEL RECORDS AND MEDICAL RECORDS ON HAND, COMPLETE AND UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			2. ARE ALL PERSONNEL MEDICALLY QUALIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. ARE ALL ENLISTED PERSONNEL QUALIFIED FOR ENLISTMENT IN ACCORDANCE WITH NGR 600-200? <input type="checkbox"/> YES <input type="checkbox"/> NO			4. HAVE ALL ENLISTED PERSONNEL TAKEN THE OATH REQUIRED BY ITEM 58, DD FORM 4? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. NUMBER OF OFFICERS FEDERALLY RECOGNIZED?			6. NUMBER OF OFFICERS NOT FEDERALLY RECOGNIZED WHO: A. APPEAR TO BE QUALIFIED B. DO NOT APPEAR TO BE QUALIFIED		
7. STRENGTH		OFFICERS	WARRANT OFFICERS	ENLISTED	AGGREGATE
a. SRC STRENGTH		_____	_____	_____	_____
b. MINIMUM STRENGTH FOR F/R		_____	_____	_____	_____
c. ASSIGNED STR PRESENT		_____	_____	_____	_____
d. ASSIGNED STR ABSENT		_____	_____	_____	_____
<b>III. FACILITIES</b>					
1. ARE THE FOLLOWING FACILITIES AVAILABLE FOR THE UNIT? A. ARMORY (1) FACILITIES MEETING AT LEAST 80% OF ALLOWABLE CRITERIA FOR BUILDINGS AND VEHICLE PARKING CONTAINED IN NGR 415-10, CHAPTER 2, AND MINIMUM SECURITY AS PRESCRIBED IN NGR 190-11. <input type="checkbox"/> YES <input type="checkbox"/> NO (2) FACILITIES PROVIDING MINIMUM ACCEPTABLE ADMINISTRATION, CLASSROOM, LOCKER-LATRINE, SUPPLY SPACE AND VEHICLE PARKING FOR TEMPORARY OCCUPANCY AND MINIMUM SECURITY PRESCRIBED IN NGR 190-11. <input type="checkbox"/> YES <input type="checkbox"/> NO B. OMS (1) FACILITIES MEETING AT LEAST 80% OF ALLOWABLE CRITERIA FOR BUILDINGS AND VEHICLE PARKING CRITERIA CONTAINED IN NGR 415-10, CHAPTER 2. <input type="checkbox"/> YES <input type="checkbox"/> NO (2) FACILITIES PROVIDING MINIMUM ACCEPTABLE ADMINISTRATION, SUPPLY SPACE, LATRINE, WORK BAY AREA AND VEHICLE PARKING FOR TEMPORARY OCCUPANCY. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. IN THE EVENT ANSWERS TO A(1) OR B(2) ABOVE ARE "NO", EXPLAIN THE IMPACT ON TRAINING READINESS OF THE UNIT AND ANY PLANS TO REMEDY THE DEFICIENCY IN FACILITIES.					
<b>IV. RECOMMENDATIONS</b>					
RECOMMENDATIONS OF THE INSPECTING OFFICER					
BASED UPON THE RESULTS OF THIS INSPECTION, MY RECOMMENDATIONS ARE AS FOLLOWS:  <input type="checkbox"/> A. THAT FEDERAL RECOGNITION (BE) (NOT BE) GRANTED THIS UNIT. <input type="checkbox"/> B. THAT SENSITIVE ITEMS OF PROPERTY (BE) (NOT BE) GRANTED THIS UNIT.					
_____ TYPED NAME, GRADE, BRANCH SSN OF INSPECTING OFFICER		_____ SIGNATURE		_____ UNIT OF ASSIGNMENT	